



# Tennessee Early Childhood Training Alliance (TECTA)

## Application for Academic Financial Support

TECTA  
DYERSBURG STATE COMM COLLEGE  
1510 Lake Road  
Dyersburg, TN 38024  
PHONE: 731-288-7477  
FAX: 731-288-7820

[www.tecta.info](http://www.tecta.info) or [www.dsc.edu/tecta](http://www.dsc.edu/tecta)

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

College / University: \_\_\_\_\_

**TEXTBOOK ONLY**

Course Name \_\_\_\_\_ Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female

Citizenship:  United States  Other

\* E-mail \_\_\_\_\_

\* MUST HAVE PERSONAL EMAIL TO APPLY FOR FUNDING \*

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity:  Hispanic  Non -Hispanic

Race:  Asian Pacific Island  Black  Native American Indian/Alaska Native  Other  Two or more races  White

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Academic degree program this semester: Choose One

CDA Prep  CDA Renewal  Technical Certificate  Administrator Credential  Associate Degree  
 Bachelor Degree  Graduate Degree

Desired Major:  Early Childhood Education  Elementary Education Pre-K  Other \_\_\_\_\_

Graduation Information I will graduate this semester  yes  no

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Place of Employment \_\_\_\_\_ Work County \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Director: Last \_\_\_\_\_ First \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Eligibility:** In order to qualify for continued TECTA support, the student must provide a transcript showing that he/she completed and passed the previous course(s) for which he/she received financial support from the TECTA program

NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a Change of Name/Address form and return it as soon as possible to the local TECTA site.

I understand that I am enrolling in an academic course and will be responsible for completing the class. If for any reason I cannot finish the course, I will submit notice to the TECTA office in writing immediately, return textbook, and agree to pay the entire tuition fee for re-enrollment in a TECTA class. In addition, I grant TECTA permission to access my academic record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(1)

**Tennessee Early Childhood Training Alliance (TECTA)**  
**Student Information Form**

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Phone: 731-288-7477  
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www.tecta.info  
[www.dscc.edu/tecta](http://www.dscc.edu/tecta)

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Highest educational achievements before seeking TECTA support -  
**ONLY fill this out the first time you receive TECTA services**

- < 9<sup>th</sup> grade       9<sup>th</sup> – 12<sup>th</sup> grade (no diploma)       H.S. grad/GED  
 Some college       certificate       Associate       Baccalaureate       Grad/Prof

College or university of highest degree \_\_\_\_\_

Major:  Early Childhood Education     Elementary Education     Special Education     Other \_\_\_\_\_

Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents Educational Levels:**

**Mother:**       <9<sup>th</sup> Grade       9<sup>th</sup> – 12<sup>th</sup> Grade (no diploma)       H.S. grad/GED  
 Some college       Certificate       Associate       Baccalaureate       Grad/Prof

**Father:**       <9<sup>th</sup> Grade       9<sup>th</sup> – 12<sup>th</sup> Grade (no diploma)       H.S. grad/GED  
 Some college       Certificate       Associate       Baccalaureate       Grad/Prof

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## Employment History

**Ages of children in classroom** (choose one)

- Birth to 8 months       9 to 17 months       18 to 36 months       Ages 3 - 5       School Age  
 Mixed Age Group Infants       Mixed age group Infant & Preschool       Family

*Please note this question is for **research purposes ONLY**. Individual responses **WILL NOT** be identified or published.*

**Salary**    \$ \_\_\_\_\_ Per  Hour     day       week       bi-weekly     month       year

**Current Position Title:**     Owner of Program       Program Director       Director/Teacher       Asst. Director  
 Asst. Director/Teacher     Caregiver/Teacher       Teachers Aid       Sub/Floater       Volunteer       Other

**Number of Years in current position:** \_\_\_\_\_ # **Years in Early Childhood Field:** \_\_\_\_\_

**Number of years at current place of employment:** \_\_\_\_\_ **Hrs. worked per week:** \_\_\_\_\_

**Do you have children with diagnosed delays or disabilities in your classroom?**  Yes     No

**Number of Children in classroom** \_\_\_\_\_

## Professional Objectives

**Why do you want to participate in TECTA training?** (Check all that apply):

- Improve my job skills       Help with my job search       Further my education       Obtain CDA

**I have completed other early childhood training during the last 12 months**     Yes       No

**Was the training required by your employer?**       Yes       No

**Do you plan to continue working in child care?**       Yes       No

If no, please tell why \_\_\_\_\_

**Please check the professional organization(s) to which you belong:**

- |   |  |
|---|--|
| <input type="checkbox"/> National Association for the Education of Young Children | <input type="checkbox"/> Tennessee Association for the Education of Young Children |
| <input type="checkbox"/> National Family Child Care Association                   | <input type="checkbox"/> Tennessee Family Child Care Alliance                      |
| <input type="checkbox"/> National Black Child Development Institute               | <input type="checkbox"/> Tennessee School-Age Care Alliance                        |
| <input type="checkbox"/> National Child Care Association                          | <input type="checkbox"/> Tennessee Child Care Association                          |
| <input type="checkbox"/> Head Start Association                                   |  |

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NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a Change of Name/Address form and return it as soon as possible to the local TECTA site.

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(3)

*This project is funded by the Center of Excellence for Learning Sciences at Tennessee State University through a contract with the Tennessee Department of Human Services.*

Form: TECTA Tuition Assistance Request

# Tennessee Early Childhood Training Alliance (TECTA)

TECTA  
Dyersburg State Community College  
Dyersburg, TN 38024  
Phone: 731-288-7477  
Fax: 731-288-7820

**Financial Support**

**Have you completed a TECTA orientation?**

- Yes, Date complete \_\_\_\_\_
- Need to make-up a module or modules
- No \_\_\_\_\_

**Textbooks:**

The TECTA program will loan Early Childhood textbook(s) each semester as long as funds are available. It is your responsibility to return the textbook(s) to the TECTA office upon completion of final exams. I realize that a damaged or unusable textbook or a textbook NOT RETURNED in a timely manner may affect my eligibility for future scholarships.

**PLEASE INITIAL:**

\_\_\_\_\_ I understand that *if this form is not sent in with an attached ACCOUNT SUMMARY, CLASS SCHEDULE, and a copy of my UNOFFICIAL TRANSCRIPT, the application is considered incomplete and WILL NOT be processed.* In order to qualify for continued TECTA support, the student must provide an unofficial transcript showing that he/she completed and passed the previous course(s) for which he/she received financial support from the TECTA program. An unofficial transcript can be accessed through web registration at DSCC and JSCC and must be attached to this scholarship form.

\_\_\_\_\_ I understand that I am enrolling in an academic course and will be responsible for completing the class. If for any reason I cannot finish the course, I will submit notice to the TECTA office in writing immediately, return textbook, and agree to pay any remaining balance on my account.

\_\_\_\_\_ I understand my student educational records are protected by the Family Education Rights and Privacy Act of 1974, as amended (FERPA). Because I receive financial support from the TECTA program, I grant TECTA permission to access my academic status information. The information will be used to determine and verify my eligibility for continued financial support.

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**NOTICE:** At any time during the semester, if you have a change in your name, address, telephone number, or work site, please contact the TECTA office as soon as possible.

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I have read the attached instructions and I understand that I am enrolling in an academic course.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Request to Share Information

Office of Admission and Records

\_\_\_\_\_  
Name of institution where student is enrolled

(Please Print)

**Student's Name** \_\_\_\_\_  
*Last First Middle Initial*

**SS #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Code*

**Phone:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

**Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_

I know that the Family Educational Rights and Privacy Act of 1974, as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records. Because I receive financial support covering all or part of my tuition from the TSU-TECTA program, I am hereby authorizing the Office of Admissions and Records to release my grades and academic status information to the local TECTA Site Coordinator for transmission to the TSU-TECTA Management Office. The information will be used to determine and verify my eligibility for continued TSU-TECTA financial support and will be protected in accordance with the provisions of FERPA. My grade and academic status information should be sent to:

Name: Mrs. Kelly Maupin, West Tennessee TECTA Site Coordinator  
Address: Dyersburg State Community College  
1510 Lake Road  
Dyersburg, TN 38024  
Phone: (731) 286-3395  
Fax: (731) 288-7820

\_\_\_\_\_  
**Students Signature**

\_\_\_\_\_  
**Date**